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specifications. When using Acrobat 5.x	products, uncheck the "Shrink oversized pages to paper size" and
uncheck the "Expand small pages to page	per size" options, in the Adobe "Print" dialog. When using Acrobat
6.x and later products versions, select "I	None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
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** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A F	or the 2	2010 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	MAR 31, 20	11
В	heck if	C Name of organization	D Employer ide	entification number
	pplicable:			
X	Address change	THE PREEMPTIVE LOVE COALITION		
	Name change	Doing Business As	26	5-2450109
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Termin- ated	1300 DARBYTON DR	80	6-853-9131
	Amended return	City or town, state or country, and ZIP + 4	G Gross receipts \$	332,402.
	Applica- tion	HEWITT, TX 76643	H(a) Is this a gro	
	pending	F Name and address of principal officer: JEREMY COURTNEY	for affiliates	? Yes X No
		SAME AS C ABOVE	H(b) Are all affiliate	es included? Yes No
			527 If "No," atta	ch a list. (see instructions)
		→ HTTP://PREEMPTIVELOVE.ORG		nption number 🕨
KF			/ear of formation: 200	8 M State of legal domicile: TX
Pa		Summary		
ø	1 B	riefly describe the organization's mission or most significant activities: ${ t TRAIN t IR}$	AQI HEART S	SURGEONS AND
auc	N	URSES SO THEY CAN PERFORM LIFESAVING SURGER	Y ON CHILDR	EEN.
Activities & Governance		heck this box $lacktriangle$ if the organization discontinued its operations or disposed of r		
ŏ		umber of voting members of the governing body (Part VI, line 1a)		3 5
<u>«</u>		umber of independent voting members of the governing body (Part VI, line 1b)		4 5
es		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5 1
ĬΞ	6 To	otal number of volunteers (estimate if necessary)		6 193
Act		otal unrelated business revenue from Part VIII, column (C), line 12		7a 1,520.
	bΝ	et unrelated business taxable income from Form 990-T, line 34		7b 520.
			Prior Year	Current Year
ē	8 C	ontributions and grants (Part VIII, line 1h)		0. 315,270.
ēn	9 P	rogram service revenue (Part VIII, line 2g)		0. 406.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0. 111.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 6,107.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0. 321,894.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 125,784.
		enefits paid to or for members (Part IX, column (A), line 4)		0. 0.
ses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 7,643. 0. 0.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0. 0.
Ä	b To	otal fundraising expenses (Part IX, column (D), line 25) 22,021.		0. 58,454.
_		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0. 58,454. 0. 191,881.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0. 130,013.
<u>- 8</u>	19 R	evenue less expenses. Subtract line 18 from line 12	Boginning of Current V	
Net Assets or Fund Balances	00 T	atal accets (Dart V. line 10)	Beginning of Current \	
Asse Bala	20 To	otal assets (Part X, line 16)		36. 213,344. 36. 1,114.
det/ und/	21 To	otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20	88,40	
	rt II	Signature Block	00,40	210,0300
		es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best	of my knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prepare		
	I i			
Sig	, []	Signature of officer	Date	
Her		JUSTIN BLOUNT, SECRETARY		
	`	Type or print name and title		
	F	Print/Type preparer's name Preparer's signature	Date Chec	k PTIN
Paid		BERNIE OSTROWSKI	self-	employed
Pre	arer F	irm's name PLANTE & MORAN, PLLC	Firm's EIN	,
Use	Only F	irm's address 65 EAST STATE ST, STE 600		-
		COLUMBUS, OH 43215	Phone no	
May	the IRS	6 discuss this return with the preparer shown above? (see instructions)	·····	X Yes No

Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	∟ Yes 🕰 No
_	If "Yes," describe these new services on Schedule O.	X Yes No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LA⊒Yes □ No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$125 , 784 • including grants of \$125 , 784 •) (Revenue \$	406.)
·u	HEART SURGERIES FOR CHILDREN (85 KIDS)	
4b	(Code:) (Expenses \$9,685. including grants of \$) (Revenue \$)
	FOLLOW THROUGH SERVICES TO CHILDREN POST-SURGERY (40 KIDS)	
4c	(Code:) (Expenses \$ 26,113 • including grants of \$) (Revenue \$	1
	INTERNSHIP PROGAM (10 INTERNS)	,
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 3,084 • including grants of \$) (Revenue \$ 3,065 •)	
40	Total program carving expanses	

032002 12-21-10

Page 3

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ť		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ŭ		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	<u> </u>		
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	-10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, , , , , , , , , , , , , , , , , , , ,	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		37	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u> </u>
a	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	00h		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 0 0 1b 0 0 0 1c 0 0 0 1c 0 0 0 1c 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in Co. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 In It alsest one is reported on line 2a, did the organization file all required federal employment tax returns? 4 In It alsest one is reported on line 2a, did the organization file all required federal employment tax returns? 5 In It is used one is reported on line 2a, did the organization file of present of the file on instructions) 5 In It is used one is reported on line 2a, did the organization file of presented to select the organization of Schedule O 5 In It is used the organization for the year? More presented to select the organization of Schedule O 5 In It is used to select the calendar year, did the organization of Schedule O 5 In It is used to select the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, select as a bank account, securities account, or other financial accounts? 5 In It is used the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 In It is used to select the select the select transaction at any time during the tax year? 5 In It is used to select the select transaction at any time during the tax year? 5 In It is used to select the select transaction and present that such contributions or gits were not tax deductible? 5 In It is used to select the select transaction and party for goods and services provided to the payor? 7 In It is used to select the select transaction or the select transaction and party for goods and services provided to the payor? 7 In It is used to select the select transaction or the select transaction and p						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter of Irrot applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambling) withings to prize withorises? 2a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If we sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a IX b If "Yes," has it filed a Form 990 To fire the year? If "No," provide an explanation in Schedule O b If "Yes," an activity of the year? If "No," provide an explanation in Schedule O b If "Yes," an activity of the year? If "No," provide an explanation in Schedule O b If "Yes," an activity of the year of the year? If "No," provide an explanation in Schedule O b If "Yes," an activity of the year of the year? If "No," provide an explanation in Schedule O b If "Yes," an activity of the year of the year? If "No," provide an explanation in Schedule O b If "Yes," an activity of the year of the year? If "No," provide an explanation in Schedule O b If "Yes," an activity of the year of the year of year of year of the year of the year of the year of	b		1b	0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b IX 4 At any time during the calendary year, did the organization have uninterest in, or a signature or other authority over, a financial account in a foreign country, by EnADQ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," it is line 5a or 5b, did the organization file form 88881? 6c If "Yes," to line 5a or 5b, did the organization file Form 88881? 6d Dess the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that many receive deductible? 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8882? 8c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8c If If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c If If Yes, "did the organization motify the donor of the value of the goods or services provided? 7c If	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions) 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b IX 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, yeuch as a bank account, securities account, or other financial account;? b If "Yes," after the name of the foreign country," b TARQ See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8888 for any contributions that were not tax deductible? 6a Dess the organization have amusal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 9 If If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations and any agreement of the value of the goods or services provided 7 7 Organization solicity apprehimation include year 9 If If "Yes," a did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7 Organization solicity apprehimation solicity apprehimation organization solicity apprehimation solicity apprehimation solicity apprehimation solicity apprehimation solicity apprehimation solicity appreh		(gambling) winnings to prize winners?			1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of 7166. (see instructions) 3b Id the organization have unrelated business gross income of 7166. (see instructions) 3a X 3b If Yes, 'has it filed a Form 990-Ti or this year? If 'No.' provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X 4b If Yes, 'tenter the name of the foreign country. ** IRAO 5a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Wes, 'to line 5a or 5b, did the organization file Form 8896-T? 6a Does the organization and anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b Vers, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8c Id How solicitation receive a payment in excess of 35 made party as a contribution and party for goods and services provided to the payor? 7b If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization receive any funds, directly or indirectly, to pay premiums on a pe	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a X 3a X 3b 1f **ves*, inst file a form 990 F1 or this year? If *No*, *provide an explanation in Schedule O 3b X 3b X 3b 1f *ves*, *post in file a form 990 F1 or this year? If *No*, *provide an explanation in Schedule O 3b X		filed for the calendar year ending with or within the year covered by this return	2a	1			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b if Yes, "the inter the name of the foreign country." IRAQ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization or party to a prohibited tax shelter transaction? 5b LX 5c If Yes, "to line 5a or 50, did the organization file Form 8886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bill the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 6b Lift the organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 7c LX 9f If Yes, "did the organization freely the donor of the value of the goods or services provided? 7c LX 9f If the organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 7f LOI the organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 7f LOI the organization self, exchange, organization financially the organization file form 8899 as required? 7g LOI the organization self, exchange in the property of the organization file form 1089 (2) supporting organizations in the property of the organization fi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ทร?		2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a 4 financial accountly or the calendar year, dif the organization have an interest in, or a signature or other authority over, a 4 financial accountly or "Yes," enter the name of the foreign country. ▶ IRAQ 5 see instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have to a prohibited tax shelter transaction at a prohibited tax shelter transaction? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lid life organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations state may receive apyment in excess of \$75 made parity as contribution and party for goods and services provided to the payor? 7		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)				
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Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Discourage of the section $509(a)(3)$ supporting organizations and $509(a)(3)$ supporting organizations.	id the su	pporting			
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9a		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					44		v
	D	if res, rias it filed a Form 720 to report these payments? If No, provide an explanation in Schedule				gan /	2010\

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a				
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
•	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	LEIGH SAXON - 806-853-9131			
	1300 DARBYTON DR, HEWITT, TX 76643			
		Form	990 (2010)

Check if Schedule O contains a response to any question in this Part VII	
--	--

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	H			ition that	app	ıly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JEREMY COURTNEY								_	_	_
PRESIDENT, EXECUTIVE DIRECTOR	60.00	Х		Х				0.	0.	0.
DAVID STATHAM									_	_
DIRECTOR	2.00	Х			Ш			0.	0.	0.
DR. JAMES KING									_	_
DIRECTOR	2.00	Х			Ш			0.	0.	0.
CODY FISHER								_	_	_
DIRECTOR	60.00	Х						0.	0.	0.
PRESTON FISCHER									_	_
DIRECTOR	2.00	Х			L			0.	0.	0.
MICHELLE FISHER										
DIRECTOR OF FINANCE	30.00			Х	Щ			0.	0.	0.
JUSTIN BLOUNT										
SECRETARY	2.00			Х				0.	0.	0.
			<u> </u>	_	_					

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Part VII Section A. Officers	s, Directors, Tru	stees, Key E	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A) Name and title		(B) Average hours per	(cl		Pos all t	ition	n app	ıly)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate Imount	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or	other mpensa from th ganizat nd relat ganizati	ation e tion ted
											_		
1b Sub-total c Total from continuation sl d Total (add lines 1b and 1c		I, Section A							0.	C	•		0.0
Total number of individuals compensation from the org	(including but n						e) wł	no re	eceived more than \$100	0,000 in reportable		Yes	(No
3 Did the organization list any line 1a? If "Yes," complete s									nighest compensated e		3	163	X
4 For any individual listed on and related organizations g	reater than \$150	0,000? If "Yes,	le co " co	omp <i>mpl</i> e	ensa ete S	atior Sche	n and edule	d oth e <i>J f</i>	her compensation from for such individual	the organization	. 4		Х
5 Did any person listed on lin rendered to the organizatio Section B. Independent Contra	n? If "Yes," com	•				-			ed organization or indiv		. 5		Х
Complete this table for you the organization.	r five highest co)NE	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsation	from	
Nam	(A) ne and business	address							(B) Description of s	services		(C) ensatio	n
2 Total number of independe	,	•	not li	mite	d to		_	sted	d above) who received n	nore than			
\$100,000 in compensation	from the organiz	zation >					0				Form	n 990 (2010

Pa	rt VII	Statement of Rever	iue					-
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ons) 1e s, and (e 1f 1a-1f: \$	315,270	315,270.			
Program Service Revenue	b c d e f	PROGRAM FEES All other program service reve	nue	900099	406.	406.		
\rightarrow		Total. Add lines 2a-2f			400.			
	3 4 5	Investment income (including other similar amounts)	k-exempt bond p	roceeds	111.			111.
	b c	Gross Rents	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	g events (not of 1c). See	>				
Other	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	b raising events tivities. See	>				
	c 10 a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	15,093.				
		Net income or (loss) from sales			4,585.	3,065.	1,520.	
	11 a	Miscellaneous Revenue FREIGHT INCOME		Business Code 480000	1,522.	370031	1/3201	1,522.
	b							
	С							
		All other revenue			1 500			
	е	Total. Add lines 11a-11d			1,522.	2 454	1 500	1 622
03200	12 9	Total revenue. See instructions.		>	321,894.	3,471.	1,520.	
12-21	-10							Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		'		,
	organizations in the U.S. See Part IV, line 21	50,000.	50,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	75,784.	75,784.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,100.			7,100.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	543.			543.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	55.		55.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	18,690.	12 100		<u> </u>
g	Other	964.	13,190. 310.	36.	5,500. 618.
12	Advertising and promotion	11,579.	3,809.	4,643.	3,127.
13	Office expenses	1,330.	595.	4,043.	735.
14	Information technology	1,550.	373.		755.
15 16	Royalties	2,822.	2,822.		
17	Occupancy	21,678.	17,826.		3,852.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	857.	330.	143.	384.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.) '				
а	UBI TAXES	317.		317.	
b	DONOR RELATIONS	162.			162.
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	191,881.	164,666.	5,194.	22,021.
26	Joint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				Farm 990 (9919)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		76,015.	1	28,297.
	2	Savings and temporary cash investments			2	169,813.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	365.	4	1,602.	
	5	Receivables from current and former officers, direct				
		employees, and highest compensated employees.	Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as de				
		4958(f)(1)), persons described in section 4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of section	501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instruction	ons)		6	
	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		9,792.	8	11,627.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D1				
	b	Less: accumulated depreciation1	0.	10c	8,605.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	0 014	14		
	15	Other assets. See Part IV, line 11	2,914.	15	010 044	
	16	Total assets. Add lines 1 through 15 (must equal li	89,086.	16	219,944.	
	17	Accounts payable and accrued expenses			17	1,114.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete Par			21	
ΞĘ	22	Payables to current and former officers, directors,				
Lia		highest compensated employees, and disqualified				
		of Schedule L			22	
	23 24	Secured mortgages and notes payable to unrelated			23 24	
	25	Unsecured notes and loans payable to unrelated the Other liabilities. Complete Part X of Schedule D		686.	25	0.
	26	Total lightilities Add lines 17 through 05		686.		1,114.
	20	Organizations that follow SFAS 117, check here	X and complete	0001	20	2/2210
Ø		lines 27 through 29, and lines 33 and 34.	and complete			
Ce	27	Unrestricted net assets		88,400.	27	101,570.
alaı	28	Temporarily restricted net assets			28	117,260.
B	29				29	,
Ě		Organizations that do not follow SFAS 117, chec				
F		complete lines 30 through 34.				
ts (30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equip			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	r		32	
Š	33	Total net assets or fund balances		88,400.	33	218,830.
	34	Total liabilities and net assets/fund balances		89,086.	34	219,944.
				•	_	· · · · · · · · · · · · · · · · · · ·

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94.
2	Total expenses (must equal Part IX, column (A), line 25)	2			81.
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8		00.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			17.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21	<u>8,8</u>	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b		
			Form	990 ((2010)

032012 12-21-10

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE PREEMPTIVE LOVE COALITION

Employer identification number 26-2450109

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	tructions.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3				tal service organization of		in section	170(b)(1)((A)(iii).					
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hospita	l's nam	ne
•		city, and state	-	sporatou in conjunction		pital doool	1000 111 00	00 170	(~)(-)() -)(.,. <u>L</u>	ino moopita	i o man	,
5		- ·		honofit of a college or un	nivoreity o	wood or or	orated by	a govorni	montal uni	t doscrib	od in		
Э		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7				eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	cribed i	in
			b)(1)(A)(vi). (Comple										
8		A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9	X	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support fi	rom contri	butions, m	nembership	o fees, ai	nd gross re	ceipts	from
		activities relat	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	invest	tment
		income and u	ınrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June :	30, 197	75.
		See section	509(a)(2). (Complete	Part III.)									
10		An organizati	on organized and op	perated exclusively to tes	st for publ	ic safety. S	See sectio	n 509(a)(4	I).				
11				perated exclusively for th						out the	purposes	of one	or
		more publicly	supported organiza	tions described in section	on 509(a)(1) or section	n 509(a)(2	2). See sec	tion 509(a	a)(3). Che	eck the box	(that	
				organization and comple				,	•	,,,			
		a Type I		7 -		e III - Func		egrated		d 🗀	Type III -	Other	
е		• •		t the organization is not			•	•	r more disc		,,		n
Ĭ		,	•	han one or more publicly		•	•	•		•	•		•••
f			-	ten determination from t		-				/(α)(1) Οι	3000001100	<i>J</i> (α)(∠).	
•		•	rganization, check th	to to acco		•			5 III				
_													. Ш
g		_		rganization accepted an			•					V	
				irectly controls, either al								Yes	No
		-											<u> </u>
				described in (i) above?									<u> </u>
				person described in (i) o							11g(iii)	<u> 1 — </u>	L
h		Provide the fo	ollowing information	about the supported org	ganization	(s).							
				(III) Torre of						1			
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio		(vii) Ar	nount o	f
	orga	anization		(described on lines 1 0	in col. (i) lis	sted in your document?	organizat (i) of your		(i) organiza U.S.	ed in the	sup	port	
				above or IRC section									
				(see instructions))	Yes	No	Yes	No	Yes	No			
Γota	al												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here	·····				_
	ction C. Computation of Publ						
	Public support percentage for 2010 (I					14	%
	Public support percentage from 2009						%
16a	33 1/3% support test - 2010.If the or						
	stop here. The organization qualifies						
b	33 1/3% support test - 2009. If the or	-					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Cala	adula A (Form 990	000 EZ\ 0040

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	now, produce comp	oroto i die ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")		2,923.	182,158.	294,029.	315,270.	794,380.
2	Gross receipts from admissions,		-	-	-	-	
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					15,093.	15,093.
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid to						
	•						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		2 022	100 150	204 020	220 262	000 472
	Total. Add lines 1 through 5		2,923.	182,158.	294,029.	330,363.	809,473.
7 <i>a</i>	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						809,473.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6		2,923.	182,158.	294,029.	330,363.	809,473.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties			0.7.6		444	4.45
	and income from similar sources			276.	60.	111.	447.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b			276.	60.	111.	447.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)			2,773.	2,017.	1,522.	6,312.
13	Total support (Add lines 9, 10c, 11, and 12.)		2,923.	185,207.	296,106.	331,996.	816,232.
14	First five years. If the Form 990 is for the	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2010 (lin	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	99.17 %
	Public support percentage from 2009					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	IO (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	.05 %
18	Investment income percentage from 20	009 Schedule A,	Part III, line 17			18	%
19 <i>a</i>	33 1/3% support tests - 2010. If the o	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	> X
b	33 1/3% support tests - 2009. If the o	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	ck this box and s f	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	ı did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	<u> </u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Filers of:	ł	Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ste Parts I and II.
Special F	Rules	
	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	aggregate contribut	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, ions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or uelty to children or animals. Complete Parts I, II, and III.
	contributions for us	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, e exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. In the detail contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE PREEMPTIVE LOVE COALITION

26-2450109

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$13,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		- - - *	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		- - - - -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		- \$\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$19,984	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		- \$ 8,196.	Person X Payroll

Name of organization

Employer identification number

THE PREEMPTIVE LOVE COALITION

26-2450109

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$14,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE PREEMPTIVE LOVE COALITION

26-2450109

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
002452 10 22		\$Sahadula B /Earm 0	90 990-F7 or 990-PF) (2010)

Name of organization | Employer identification number

	REEMPTIVE LOVE COALITIO				26-2450109	
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete	ndividual contributions	to section 501(c)(7), (8), or (10) or	rganizations aggregating	
	Part III, enter the total of exclusively religion	ous, charitable, etc., con	tributions of	rig line entry. For o	rganizations completing	
	\$1,000 or less for the year. (Enter this inf	ormation once. See instr	ructions.) > \$			
(a) No. from	(b) Purpose of gift	(c) Use of	nift	(d) Descr	ription of how gift is held	
Part I	(b) i dipose oi giit	(0) 030 01	giit	(u) Desci	Tiption of now gift is neid	
		(e) Trans	fer of gift			
			_			
-	Transferee's name, address, a	nd ZIP + 4	H.	elationship of trar	nsferor to transferee	
					_	
			-			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held	
1 4111						
		-				
Ī	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee	
			-			
(a) No.		Ī				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held	
Parti						
				-		
		(e) Trans	fer of gift			
		()	J			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trar	nsferor to transferee	
(a) Na		Γ				
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held	
Part I		. ,	_	` '		
ł		(e) Trans	fer of gift			
		(e) iidiis	.o. o. giit			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee	
Ì						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization THE PREEMPTIVE LOVE COALITION **Employer identification number** 26-2450109

Pai	τl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ls or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(i	b) Funds and other accounts
1	Total	number at end of year			
2		egate contributions to (during year)			
3	Aggre	egate grants from (during year)			
4	Aggre	egate value at end of year			
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advi	ised fund	ds
	are th	ne organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used o	only
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferi	ring
	imper	missible private benefit?			Yes No_
Pai	t II	Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV,	line 7.
1	Purpo	ose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).		
	Ш	Preservation of land for public use (e.g., recreation or ed	ducation)	istoricall	y important land area
	Ш	Protection of natural habitat	Preservation of a cer	rtified his	storic structure
		Preservation of open space			
2	Comp	olete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a co	nservation easement on the last
	day o	f the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	per of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Numb	per of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organ	ization during the tax
	year j				
4	Numb	per of states where property subject to conservation eas	ement is located		
5	Does	the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	f	
	violat	ions, and enforcement of the conservation easements it	holds?		Yes
6		and volunteer hours devoted to monitoring, inspecting, a			
7		int of expenses incurred in monitoring, inspecting, and e			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		rt XIV, describe how the organization reports conservation			
	includ	de, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the org	ganization's accounting for
_		ervation easements.		<u> </u>	
Pai	T III	Organizations Maintaining Collections of		Otner 8	Similar Assets.
		Complete if the organization answered "Yes" to Form S			
1a		organization elected, as permitted under SFAS 116 (AS			
		rical treasures, or other similar assets held for public exh		ance of	public service, provide, in Part XIV,
		ext of the footnote to its financial statements that describ			
b		organization elected, as permitted under SFAS 116 (AS			
		ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of po	ublic ser	vice, provide the following amounts
		ng to these items:			
		evenues included in Form 990, Part VIII, line 1			
2		organization received or held works of art, historical trea		ial gain, _l	provide
		ollowing amounts required to be reported under SFAS 11			
a		nues included in Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

		EMPTIVE LO			Othern		45010	
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	ion, and other record	ds, check any of the	e following that a	are a sign	ificant use of	its collectio	n items
	(check all that apply):							
а	Public exhibition	d		change program				
b	Scholarly research	е	· U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	's exemp	t purpose in F	Part XIV.	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's o	collection?			Yes	└─ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizat	ion answered "Y	es" to Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other asse	ts not inc	cluded		
	on Form 990, Part X?					1	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV							
		•	· ·				Amount	t
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F						Yes	□ No
	If "Yes," explain the arrangement in Part XIV.							
Par			swered "Yes" to F	orm 990. Part IV	. line 10.			
		(a) Current year	(b) Prior year	(c) Two years t		Three years ba	ck (e) Four	years back
12	Beginning of year balance	(a) carrein year	(b) I not year	(6)	Just (u)		(6) - 54	youro buon
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
e	•							
	and programs							
	Administrative expenses							
_	End of year balance							
2	Provide the estimated percentage of the year							
	Board designated or quasi-endowment		_%					
	Permanent endowment >							
	· ———	%						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administere	d for the	organization	г	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm		i					
	Description of investment	(a) Cost or obasis (investr		st or other s (other)		imulated ciation	(d) Bool	k value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		605.				;	8,605.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)			-	8,605.

8,605. Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua est or end-of-year man	
-		-	St of cha of year mai	Not value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
(l)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990. Part X. lin	e 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX Other Assets. See Form 990, Part X, line	Description			(b) Book value
	Description			(b) Dook value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)			_	
(3)			_	
(4)			_	
(5)			-	
(6)			_	
(7)			-	
(8)			-	
(9)			-	
(10)			-	
(11) Total (Column (b) must equal Form 990, Part X, col (B) line	25)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to a six of ASC 740) Footnote.	o the organization's financial sta	itements that reports the organ	ization's liability for uncerta	in tax positions under

032053 12-20-10

Schedule D (Form 990) 2010

Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited F	inancial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				
_	rt XII Reconciliation of Revenue per Audited Financial State			Return	
1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d					
e				2e	
3	Subtract line 2e from line 1			•	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)				
c				4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)				
	rt XIII Reconciliation of Expenses per Audited Financial State				
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d					
e				2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4.			
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)			• ——	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III. lines 1a and	I 4: Part IV. lines	1b and 2b: Par	t V. line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co				
,					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE PREEMPTIVE	LOVE COA	T.TTTON			26-24501	n 9
			tside the United States. Compl	lete if the organ		
to Form 990, Par			·			
=	-		ds to substantiate the amount of the g selection criteria used to award the gra			Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outs	side the United Sta	ates.
3 Activities per Region. (The	ne following Part		an be duplicated if additional space is	needed.)		_
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING			PROGRAM SERVICES (HEART	HEART SURGE	RIES FOR	
ICELAND & GREENLAND)	0	0	SURGERIES)	IRAQI CHILD	REN	55,831.
MIDDLE EAST AND			PROGRAM SERVICES (HEART	HEART SURGE	RIES FOR	
NORTH AFRICA	1	7	surgeries)	IRAQI CHILD	REN	69,953.
O o Codo Antal	1	7				125 704
3 a Sub-total b Total from continuation		/				125,784.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3h)	l 1	l 7				125 784.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

032072 12-20-10

recipient who re	ceived more than \$5,	000. Check this box if n	Outside the United States. o one recipient received mor		rganization answered	d "Yes" to Form 9	90, Part IV, line 15, fo	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	ne foreign country	recognized as tax-e	exempt by		
the IRS, or for which	the grantee or counse	el has provided a section	n 501(c)(3) equivalency letter					
	o. o. garneaciono c					······	Sched	lule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of (a) Type of grant or assistance (b) Region valuation recipients cash grant cash disbursement non-cash non-cash assistance (book, FMV, appraisal, other) assistance DIRECT PAYMENTS TO TRAVEL & MEDICAL EXPENSES FOR EUROPE (INCLUDING AIRLINES & HOSPITAL CHILDREN UNDERGOING HEART ICELAND & FOR TRAVEL & MEDICAL SURGERIES GREENLAND) 7 0. 55,831.EXPENSES FMV

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: SPECIFIC ASSISTANCE WAS MADE ON BEHALF OF
IRAQI CHILDREN THROUGH PAYMENTS TO THE ANADOLU MEDICAL CENTER IN
ISTANBUL, TURKEY, THROUGH THE PURCHASE OF INTERNATIONAL AIRFARE THROUGH
ATLASJET AIRLINES; AND THROUGH SERVICE FEES PAID TO THE INTERNATIONAL
CHILDREN'S HEART FOUNDATION IN ADVANCE OF SURGICAL AND TRAINING PROGRAMS
RENDERED IN IRAQ. IN ALL INSTANCES (SAVE ONE) PLC STAFF WERE PRESENT AT
THE TIME SERVICES WERE RENDERED TO OUR CONSTITUENT CHILDREN, WHETHER IN
TURKEY OR IRAQ. OUR SERVICES ARE OFFERED THROUGH PARTNERSHIPS THAT WE
MAINTAIN THROUGH REGULAR SITE VISITS. OUR PROCEDURE FOR MONITORING FUNDS
IS, THEREFORE, INHERENTLY HANDS-ON.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification	
		E COALITION	1				26-2450	<u>)109</u>
Part I General Information on Grants								
1 Does the organization maintain record		e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec		_
criteria used to award the grants or as							X Yes [No
2 Describe in Part IV the organization's Part II Grants and Other Assistance								
Grants and Other Assistance		-				·	•	. —
recipient that received more that					(f) Method of			<u>* </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance	nt
INTERNATIONAL CHILDREN'S HEART								
FOUNDATION - 1750 MADISON AVE.								
SUITE 500 - MEMPHIS, TN 38104	62-1570622	501(C)(3)	50,000.	0	N/A	N/A	SEE SCHEDULE I, PAR	ντ TV
		552(5)(5)						
2 Enter total number of section 501(c)(3	and government o	rganizations					>	1.
3 Enter total number of other organizati								0.

Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	i ted States. Com	plete if the organiza	ation answered "Yes	" to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provi	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANTS	S ARE AN	AGREED UPC	N, CONTRAC	TED AMOUNT	
AND WE ARE ALWAYS PRESENT - IN PER	RSON - TO	WITNESS,	OBSERVE, A	ND HELP	
ADMINISTER THE CARE ALONGSIDE THE	ORGANIZA'	TION WE FU	JND.		
PART II, COLUMN H: TO ALLOW THE RE	CIPIENT (ORGANIZATI	ON TO BRIN	G MEDICAL	
TEAMS TO IRAQ TO TRAIN LOCAL HOSPI	TAL STAF	F AND PERF	ORM LIFE-S	AVING	
HEART SURGERIES FOR IRAQI CHILDREN	1.				

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE PREEMPTIVE LOVE COALITION

Employer identification number 26-2450109

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE PREEMPTIVE LOVE COALITION (PLC) EXISTS TO FACILITATE: THE PROMOTION AND PROTECTION OF HUMAN RIGHTS AND THE FOSTERING OF CULTURES OF JUSTICE AND MERCY; THE NURTURING OF CIVIL SOCIETY IN DEVELOPING COUNTRIES TO PROMOTE THE DISCOVERY OF INDIGENOUS RESOURCES AND SOLUTIONS TO LOCAL CHALLENGES; THE UPGRADING OF VARIOUS HUMANITARIAN INFRASTRUCTURES IN DEVELOPING COUNTRIES; THE IMMEDIATE REDUCTION OF SOME OF THE RESIDUAL EFFECTS OF POVERTY IN DEVELOPING COUNTRIES; AND PUBLIC EDUCATION IN THE WEST CONCERNING ECONOMIC, SOCIAL, POLITICAL AND CULTURAL ISSUES IN THE DEVELOPING WORLD.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: IN FY 2010 PLC MADE A MAJOR ADJUSTMENT TO THE APPORTIONMENT OF MONEY FOR SURGERIES ABROAD VERSUS SURGERIES AND TRAINING MISSIONS INSIDE IRAO. PLC MAY ENTERTAIN EMERGENCY AND/OR HIGHLY COMPLEX CASES ABROAD IN THE COMING YEAR(S). PLC IS NO LONGER ACTIVELY (OUTSIDE OF IRAO) FUNDRAISING FOR SUCH COSTS AND WILL NOT USE MONEY RAISED FOR IN-COUNTRY SURGERIES TO SEND CHILDREN OUTSIDE FOR TREATMENT.

BUY SHOES. SAVE LIVES. MICROECONOMIC PROGRAM WITH KURDISH SHOEMAKERS IN NORTHERN IRAO. FOLLOW THROUGH TO CHILDREN POST-SURGERY (40 KIDS)

EXPENSES \$ 3,084. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 3,065.**

FORM 990, PART VI, SECTION A, LINE 2: CODY FISHER, DIRECTOR, IS MARRIED

33

TO MICHELLE FISHER, FINANCE DIRECTOR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Schedule O (Form 990 or 990-EZ) (2010)

BASIS METHOD OF ACCOUNTING IN PART XII.

PUBLIC DISCLOSURE COPY

Form	990-T	E	xempt Organization Bus	ine	ss Income T	ax Returr	ի	OMB No. 1545-0687
	ment of the Treasury	For o	(and proxy tax und alendar year 2010 or other tax year beginning APR 1			ΔD 31 20	111	Open to Public Inspection for 501(c)(3) Organizations Only
	Check box if	FORC	Name of organization (Check box if name c			AR 31, 20	D Emplo	oyer identification number
^ <u>_</u>	address changed		Than or organization (on ook box ii maino o	nungou	and ood mondonons.			loyees' trust, see actions.)
B Ex	cempt under section	Print	THE PREEMPTIVE LOVE CO	ALI'	TION		2	6-2450109
X] 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	x, see in	structions.			ated business activity codes nstructions.)
]408(e)220(e)	Туре	1300 DARBYTON DR				(000	
	408A 530(a)		City or town, state, and ZIP code					
]529(a)		HEWITT, TX 76643				448	000
			exemption number (See instructions.)	<u> </u>				
al	end of year	G Check	corganization type X 501(c) corporation	n L	501(c) trust	401(a) trust		Other trust
II Da	217,181.		ary unrelated business activity. > ONLINE	CAT		מאדו אודו ז	CCE	CCODIEC
			oration a subsidiary in an affiliated group or a parer				Ye	
		-	tifying number of the parent corporation. $ ightharpoonup$	nt-Subsi	ulary controlled group?	>	Ye	S [A] NO
			LEIGH SAXON		Talanho	one number 🕨 8	306-	853-9131
			de or Business Income		(A) Income	(B) Expense		(C) Net
	Gross receipts or sale		4,546.		(1.)	(=) = ,	•	(0)
	Less returns and allo		c Balance	1c	4,546.			
			A, line 7)	2	3,026.			
3	Gross profit. Subtrac			3	1,520.			
	•		h Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
			ets	4c				
5	Income (loss) from p	artnersh	ips and S corporations (attach statement)	5				
				6				
			ne (Schedule E)	7				
8	Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8				
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization					
	(Schedule G)			9				
			me (Schedule I)	10				
11	Advertising income (Schedule	e 1)	11				
			ns; attach schedule.)	12	1 - 2 2			
			gh 12	13	1,520.			1,520.
Pa			ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected		,	s incomo)		
14	<u> </u>		rectors, and trustees (Schedule K)			<u> </u>	14	
15			i rectors, and il usitees (solieudie K)				15	
16							16	
17							17	
18							18	
19							19	
20	Charitable contribut	ions (Se	e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23	Depletion						23	
24	Contributions to def	erred co	mpensation plans				24	
25	Employee benefit pr	ograms					25	
26	Excess exempt expe	enses (So	chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28			nedule)				28	
29	Total deductions						29	0.
30			ncome before net operating loss deduction. Subtrac				30	1,520.
31			n (limited to the amount on line 30)				31	1,520.
32 33			ncome before specific deduction. Subtract line 31 fr y \$1,000, but see instructions for exceptions.)				32	1,000.
33 34			able income. Subtract line 33 from line 32. If line				33	1,000.
J-7	of zero or line 32	- 55 ld X	able miconne. Oubtract fille 33 monthine 32. If fille	oo is yi	ممن بالقار الناك عكر فاللقا لا	no smanor	34	520.

023701 03-03-11 LHA For Paperwork Reduction Act Notice, see instructions.

Part	Ш	Tax Computation										
35	Orga	anizations Taxable as Corporat	ti ons. See instr	uctions for tax co	mput	ation.						
	Cont	Controlled group members (sections 1561 and 1563) check here See instructions and:										
;	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):											
	(1) \$ (2) \$											
I	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)											
		Additional 3% tax (not more tha										
(c Inco	me tax on the amount on line 34	4					>	35c			<u>78.</u>
36	Trus	ts Taxable at Trust Rates. See										
		Tax rate schedule or							36			
37		y tax. See instructions							37			
38	Alter	native minimum tax							38			
39		I. Add lines 37 and 38 to line 35	oc or 36, which	ever applies					39			78.
		Tax and Payments	1.5 1110			2)	1					
		ign tax credit (corporations atta							_			
	b Othe	r credits (see instructions)					40b		_			
		eral business credit. Attach Forn							_			
		lit for prior year minimum tax (a							١ ,, ١			
		I credits. Add lines 40a through	1 40d						40e			70
41		tract line 40e from line 39			 T -				41			78.
42		r taxes. Check if from: For						,	42			70
43									43			78.
		ments: A 2009 overpayment cre							_			
) estimated tax payments							_			
		deposited with Form 8868							_			
		ign organizations: Tax paid or w							_			
		kup withholding (see instruction										
		lit for small employer health ins					44f					
		r credits and payments:	F	orm 2439			.					
		Form 4136	L 0	ther		Total	► 44g					
45	lota	I payments. Add lines 44a throu	ugh 44g						45			
46		nated tax penalty (see instructio							46			70
47		due. If line 45 is less than the to							47			78.
48		rpayment. If line 45 is larger tha							48			
49 Part		r the amount of line 48 you wan Statements Regardir					ation (see	Refunded	49			
	_	<u> </u>							oount		Van	-No
	-	ne during the 2010 calendar year	-			=		-		- 1	Yes	No
		curities, or other) in a foreign co									х	
2 Du	ring the	Accounts. If YES, enter the name tax year, did the organization receive instructions for other forms the organization.	a distribution from	m, or was it the gran	tor of,	or transferor to, a foreig	ın trust?			— ⊦	^	
		instructions for other forms the organ amount of tax-exempt interest										
		A - Cost of Goods So					/A					
		at beginning of year	1	ethod of linverit	<u> </u>				6			
	rchase		2			Cost of goods sold						
		abor	3		'	from line 5. Enter h			7			
		al section 263A costs	4a		R	Do the rules of sec		,			Yes	No
		sts (attach schedule)	4b		۰			for resale) apply to		- 1	103	140
		Id lines 1 through 4b	5			the organization?						
		Inder penalties of perjury, I declare the orrect, and complete. Declaration of p	- 1	d this return, includi	ng acco						rue,	
Sign	С	orrect, and complete. Declaration of p	oreparer (other tha	n taxpayer) is based	on all	information of which pr	reparer has any					
Here	l					SECRE'	TARY		•	discuss this shown below		/itn
		Signature of officer		Date		Title				? X Yes	` —	No
		Print/Type preparer's name		Preparer's sign	ature	1	Date		if PTIN			
Daid		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9		l		self- employed				
Paid		BERNIE OSTROW	SKI						P(03663	367	
Prep		Eirm's name DI.ANTI		AN, PLL	C			Firm's EIN ▶		3-1357		1
Use	Unly			ATE ST,		'E 600						
				OH 4321				Phone no.	(614	1) 849	9-3	000

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